

Semi-Structured Interview for the Brief Psychiatric Rating Scale

(Adapted from Ventura J, et al. Int J Meth Psychiatric Res. 1993;3:221-44)

NA- not assessed

NP – not present

2 – very mild

3 – mild

4 – moderate

5 – moderately severe

6 – severe

7 – extremely severe

1. Somatic Concern

Degree of concern over **present** bodily health. Rate the degree to which physical health is **perceived** as a problem by the patient, whether complaints have realistic bases or not. Somatic delusions should be rated in the severe range with or without somatic concern. NOTE: Be sure to assess the degree of impairment due to somatic concerns only and not other symptoms (e.g. depression) *In addition, if the subjects rates 6 or 7 due to somatic delusions, then you must rate "Unusual Thought Content" at least 4 or above.*

Initial

- Have you been concerned about your physical health?
- Have you had any physical illness or seen a medical doctor lately? (What does your doctor say is wrong? How serious is it?)
- Has anything changed regarding your appearance? (Has it interfered with your abilities to perform your usual activities and/or work?)

Follow-Up

- How often are you concerned about _____?
- Have you expressed any of these concerns to others?

- | | |
|---|---|
| 1 | none |
| 2 | very mild
Occasional somatic concerns that tend to be kept to self |
| 3 | mild
Occasional somatic concerns that tend to be voiced to others |
| 4 | moderate
Frequent expressions of somatic concern or exaggeration of the existing ills OR some preoccupation but <u>no impairment</u> in functioning. No delusional |
| 5 | moderately severe
Frequent expressions of somatic concern or exaggeration of the existing ills OR some preoccupation and <u>moderate impairment</u> of functioning. No delusional. |
| 6 | severe
Preoccupation with somatic complaints with <u>much impairment</u> in functioning OR somatic <u>delusions</u> without acting on them or disclosing to others |
| 7 | extremely severe
Preoccupation with somatic complaints with severe impairment in functioning or somatic delusions that tend to be acted on or disclosed to others |

2. Anxiety

Reported apprehension, tension, fear, panic or worry. Rate only the patient's **statements**, *not observed anxiety which is rated under 19. "Tension."*

Initial

- Have you been worried a lot lately (timeframe)?
- Have you been nervous or apprehensive? (What about?)
- Are you concerned about anything? How about finances or future?

Follow-Up

- How much of the time have you been _____?
- Has it interfered with your ability to perform your usual activities/work?

- 1 none**
- 2 very mild**
Reports some discomfort due to worry OR infrequent worries that occur more than usual for most normal individuals
- 3 mild**
Worried frequently but can readily turn attention to other things
- 4 moderate**
Worried most of the time and cannot turn attention to other things easily but no impairment in functioning OR occasional anxiety with autonomic accompaniment but no impairment in functioning.
- 5 moderately severe**
Frequent, but not daily, periods of anxiety with autonomic accompaniment ...OR some areas of functioning are disrupted by anxiety or worry.
- 6 severe**
Anxiety with autonomic accompaniment daily but not persisting throughout the day OR many areas of functioning are disrupted by anxiety or constant worry
- 7 extremely severe**
Anxiety with autonomic accompaniment persisting throughout the day OR most areas of functioning are disrupted by anxiety or constant worry

3. Depression

Include sadness, unhappiness, anhedonia and preoccupation with depressing topics (can't attend to TV or conversations due to depression), hopelessness, loss of self-esteem (dissatisfied or disgusted with self or feelings of worthlessness). Do not include vegetative symptoms, e.g. "Motor Retardation", early waking or the amotivation that accompanies the deficit syndrome.

Initial

- How has your mood been recently?
- Have you felt depressed (sad, down, happy, as if you didn't care)?
- Are you able to switch your attention to more pleasant topics when you want to?
- Do you find that you have lost interest in or get less pleasure from things you used to enjoy like family, friends, hobbies, watching TV, eating?

Follow-Up

- How long do these feelings last?
- Has it interfered with your ability to perform your usual activities/work?

1 none

2 very mild

Occasionally feels sad, unhappy or depressed.

3 mild

Frequently feels sad or unhappy but can readily turn attention to other things.

4 moderate

Frequent periods of feeling very sad, unhappy, moderately depressed, but able to function with extra effort.

5 moderately severe

Frequent but not daily, periods of deep depression **OR** some areas of functioning are disrupted by depression.

6 severe

Deeply depressed daily but not persisting throughout the day **OR** many areas of functioning are disrupted by depression

7 extremely severe

Deeply depressed daily **OR** most areas of functioning are disrupted by depression.

4. Suicidality

(NA) (NP) (2) (3) (4) (5) (6) (7)

Expressed desire, intent or actions to harm or kill self.

Initial

- Have you felt that life wasn't worth living?
- Have you thought about harming or killing yourself?
- Have you felt tired of living or as though you would be better off dead?
- Have you ever felt like ending it all?

Follow-up

- How often have you thought about ?
- Did you (do you) have a specific plan?

- 1 none**
- 2 very mild**
Occasionally feelings of being tired of living. No overt suicidal thoughts.
- 3 mild**
Occasionally suicidal thoughts without intent or specific plan **OR** he/she feels they would be better off dead
- 4 moderate**
Suicidal thoughts frequently without intent or plan
- 5 moderately severe**
Many fantasies of suicides by various methods. May seriously consider making a an attempt with specific time and plan **OR** impulsive suicide attempt using nonlethal method or in full view of potential saviors.
- 6 severe**
Clearly wants to kill self. Searches for appropriate means and time, **OR** potentially serious suicide attempt with patient knowledge of possible rescue
- 7 extremely severe**
Specific suicidal plan and intent (e.g. "as soon as _____ I will do it by doing X"), **OR** suicide attempt characterized by plan patient thought was lethal or attempt in secluded environment.

5. Guilt

(NA) (NP) (2) (3) (4) (5) (6) (7)

Over concern or remorse for past behavior. Rate only patient's **statements**; do not infer guilt feelings from depression, anxiety or neurotic defenses. *Note: if the subject rates 6 or 7 due to delusions of guilt, then you must rate "Unusual Thought Content" at least 4 or above, depending on the level of preoccupation and impairment.*

Initial

- Is there anything you feel guilty about?
- Have you been thinking about past problems?
- Do you tend to blame yourself for things that have happened?
- Have you done anything you are ashamed of?

Follow-Up

- How often have you been thinking about _____?
- Have you disclosed your feelings of guilt to others?

1 none

2 very mild

Concerned about having failed someone or at something but not preoccupied. Can shift thoughts to other matters easily.

3 mild

Concerned about having failed someone or at something with some preoccupation. Tends to voice guilt to others.

4 moderate

Disproportionate preoccupation with guilt, having done wrong, injured others by doing or failing to do something, but can readily turn attention to other things.

5 moderately severe

Preoccupation with guilt, having failed someone or at something can turn attention to other things, but only with great effort. Not delusional

6 severe

Delusional guilt **OR** unreasonable self-reproach very out of proportion to circumstances. Moderate preoccupation present.

7 extremely severe

Delusional guilt OR unreasonable self-reproach very out of proportion to circumstances. Subject is very preoccupied with guilt and is likely to disclose to others or act on delusions.

6. Hostility

(NA) (NP) (2) (3) (4) (5) (6) (7)

Animosity, contempt, belligerence, threats, arguments, tantrums, property destruction, fights and other expressions of hostile attitudes or actions. Do not infer hostility from neurotic defenses, anxiety or somatic complaints. Do not include incidents of appropriate anger or obvious self-defense.

Initial

- How have you been getting along with people (family, co-workers, etc.)?
- Have you been irritable or grumpy lately? (How do you show it? Do you keep it to yourself?)
- Were you ever so irritable that you would shout at people or start fights or arguments? (Have you found yourself yelling at people you didn't know?)
- Have you hit anyone recently?

1 **none**

2 **very mild**
Irritable or grumpy, but not overtly expressed.

3 **mild**
Argumentative or sarcastic

4 **moderate**
Overtly angry on several occasions **OR** yelled at others excessively.

5 **moderately severe**
Has threatened slammed about or thrown things.

6 **severe**
Has assaulted others but with no harm likely, e.g. slapped or pushed, **OR** destroyed property, e.g. knocked over furniture, broken windows.

7 **extremely severe**
Has attacked others with definite possibility of harming them or with actual harm, e.g. assault with hammer or weapon.

7. Elevated Mood

NA NP 2 3 4 5 6 7

A pervasive, sustained and exaggerated feeling of well being, cheerfulness, euphoria (implying a pathological mood), optimism that is out of proportion to the circumstances. Do not infer elation from increased activity or from grandiose statements alone.

Initial

- Have you felt so good or high that other people thought that you were not your normal self?
- Have you been feeling cheerful and 'on top of the world' without any reason?

Follow-up

- Did it seem like more than just feeling good?
- How long did it last?

1 none

2 very mild

Seems to be very happy, cheerful without much reason.

3 mild

Some unaccountable feelings of well being that persist.

4 moderate

Reports excessive or unrealistic feelings of well-being, cheerfulness, confidence or optimism inappropriate to circumstances, some of the time. May frequently joke, smile, be giddy or overly enthusiastic **OR** few instances of marked elevated mood with euphoria.

5 moderately severe

Reports excessive or unrealistic feelings of well-being, cheerfulness, confidence or optimism inappropriate to circumstances, much of the time. May describe feeling "on top of the world", "like everything is falling into place", or "better than before", **OR** several instances of marked elevated mood with euphoria.

6 severe

Reports many instances of marked elevated mood with euphoria **OR** mood definitely elevated almost constantly throughout interview and inappropriate to content.

7 extremely severe

Patient reports being elated or appears almost intoxicated, laughing, joking, giggling, constantly euphoric, feeling invulnerable, all inappropriate to immediate circumstances.

8. Grandiosity

(NA) (NP) (2) (3) (4) (5) (6) (7)

Exaggerated self-opinion, self-enhancing conviction of special abilities or powers or identity as someone rich or famous. Rate only patient's statements about himself, not his demeanor. *Note: if the subject rates 6 or 7 due to grandiose delusions, you must rate "Unusual Thought Content" at least 4 or above.*

Initial

- Is there anything special about you?
- Do you have any special abilities or powers?
- Have you thought you might be somebody rich or famous?

Follow-Up

- How often have you been thinking about _____?
- Have you told anyone about what you have been thinking?
- Have you acted on any of these ideas?

1 none

2 very mild

Feels great and denies obvious problems, but realistic

3 mild

Exaggerated self-opinion beyond abilities and training.

4 moderate

Inappropriate boastfulness, claims to be brilliant insightful or gifted beyond realistic proportions, but rarely self-discloses or acts on these inflated self-concepts. Does not claim that grandiose accomplishment has actually occurred.

5 moderately severe

Same as 4 but often self-discloses and acts on these grandiose ideas. May have doubts about the reality of the grandiose ideas. Not delusional

6 severe

Delusional- claims to have special powers like ESP. to have millions of dollars, invented new machines. Or worked at jobs when it is know that he was never employed in these capacities, be Jesus Christ, or the President. Patient may not be very preoccupied.

7 extremely severe

Delusional – same as 6 but subject seems very preoccupied and tends to disclose or act on grandiose delusions.

9. Suspiciousness

(NA) (NP) (2) (3) (4) (5) (6) (7)

Expressed or apparent belief that other persons have acted maliciously or with discriminatory intent. Include persecution by supernatural or other non-human agencies (e.g. the devil). Note: ratings of 3 or above should also be rated under "Unusual Thought Content."

Initial

- Do you ever feel uncomfortable in public?
- Does it seem that others are watching you?
- Are you concerned about anyone's intentions toward you?
- Is anyone going out of their way to give you a hard time, or trying to hurt you?
- Do you feel in any danger?

Follow-Up

- How often have you been concerned that _____?
- Have you told anyone about these experiences?

1 none

2 very mild

Seems on guard. Reluctant to respond to some "personal" questions. Reports being overly self-conscious in public.

3 mild zing him/her in public,

Describes incidents in which others have harmed or wanted to harm him/her that sounds plausible. Patient feels as if other are watching, laughing or criticizing him/her in public, but this occurs only occasionally or rarely. Little or no preoccupation.

4 moderate

Says others are talking about him/her maliciously, have negative intentions or may harm him/her. Beyond the likelihood of plausibility, but not delusional. Incidents of suspected persecution occur occasionally (less than once per week) with some preoccupation.

5 moderately severe

Same as 4, but incidents occur frequently such as more than once per week. Patient is moderately preoccupied with ideas of persecution **OR** patient reports persecutory delusion expressed with much doubt (e.g. partial delusion).

6 severe

Delusional- speaks of Mafia plots, the FBI or others poisoning his/her food, persecution by supernatural forces.

7 extremely severe

Same as 6, but beliefs are bizarre or more preoccupying. Patient tends to disclose or act on persecutory delusions.

10. Hallucinations

Reports of perceptual experiences in the absence of relevant external stimuli. When rating degree to which functioning is disrupted by hallucinations, include preoccupation with the content and experience of the hallucinations, as well as functioning disrupted by acting out on the hallucinatory content (e.g. engaging in deviant behavior due to command hallucinations). Include thoughts aloud ('gedenkelautwerden') or pseudohallucinations (e.g. hears a voice inside head) if a voice quality is present.

Auditory Hallucinations

Initial

- Do you ever seem to hear your name being called?
- Have you heard any sounds or people talking to you or about you when there has been nobody around?

Follow-Up

- What does the voice(s) say?
- Did it have a voice quality?
- Have these experiences interfered with your ability to perform your usual activities/work?
- How do you explain the experiences?
- How often do they occur?

Other Hallucinations

Initial

- Do you ever have visions or see things that others do not see?
- What about smell odors that others do not smell?

Follow-Up

- Have these experiences interfered with your ability to perform your usual activities/work?
- How do you explain the experiences?
- How often do they occur?

1 none

2 very mild

While resting or going to sleep, sees visions, smells odors or hears voice, sounds or whispers in the absence of external stimulation, but no impairment in functioning

3 mild

While in a clear state of consciousness, hears a voice calling the subject's name, experiences non-verbal auditory hallucinations (e.g. sounds or whispers), formless visual hallucinations **OR** has sensory experiences in the presence of a modality relevant stimulus (e.g. visual illusions) infrequently (e.g. 1-2 times per week) and with no functional impairment.

4 moderate

Occasional verbal, visual, gustatory, olfactory or tactile hallucinations with no functional impairment..... **OR**..... non-verbal auditory hallucinations/visual illusion more than infrequently or with impairment.

5 moderately severe

Experiences daily hallucinations **OR** some areas of **functioning** are disrupted by hallucinations.

6 severe

Experiences verbal or visual hallucination several times a day **OR** many areas of functioning are disrupted by these hallucinations.

7 extremely severe

Persistent verbal or visual hallucination through out the day **OR** most areas of functioning are disrupted by these hallucinations.

11. Unusual Thought Content

NA NP 2 3 4 5 6 7

Unusual, odd, strange or bizarre thought content. Rate the degree of unusualness, not the degree of disorganization of speech. Delusions are patently absurd, clearly false or bizarre ideas that are expressed with full conviction. Consider the patient to have full conviction if he/she has acted as though the delusional belief was true. Ideas of reference/persecution can be differentiated from delusions in that ideas are expressed with much doubt and contain more elements of reality. Include thought insertion, withdrawal and broadcast. *Include grandiose, somatic, and persecutory delusions even if rated elsewhere. Note: if "Somatic Concern"(item 1), "Guilt"(item 5), "Suspiciousness"(item 9), or "Grandiosity"(item 8) are rated 6 or 7 due to delusions, then "Unusual Thought Content" must be rated 4 or above.*

Initial

- Have you been receiving any special messages from people or from the way things are arranged around you?
- Have you seen any references to yourself on TV or in the newspaper?
- Can anyone read your mind?
- Do you have a special relationship with God?
- Is anything like electricity, X-rays, or radio waves affecting you?
- Are thoughts put into your head that aren't your own?
- Have you felt that you were under the control of another person or force?

Follow-Up

- How often do you think about _____?
- Have you told anyone about _____?
- How do you explain _____?

- | | |
|---|---|
| 1 | none |
| 2 | very mild
Ideas of reference (people may stare or may laugh at him), ideas of persecution (people may mistreat him). Unusual beliefs in psychic powers, spirits, UFO's, or unrealistic beliefs in one's own abilities. Not strongly held. Some doubt. |
| 3 | mild
Same as 2, but degree of reality distortion is more severe as indicated by highly unusual ideas or greater conviction. Content maybe typical of delusions (even bizarre), but <u>without full conviction</u> . The delusion does not seem to have fully formed, but is considered as one possible explanation for an unusual experience. |
| 4 | moderate
<u>Delusion</u> present but no <u>preoccupation</u> or <u>functional impairment</u> . Maybe an encapsulated delusion or a firmly endorsed absurd belief about past delusional circumstances. |
| 5 | moderately severe
Full delusion(s) present with <u>some preoccupation</u> OR some areas of <u>functioning</u> disrupted by delusional thinking. |
| 6 | severe
Full delusion(s) present with <u>much</u> preoccupation OR many areas of functioning are <u>disrupted</u> by delusional thinking. |
| 7 | extremely severe
Full delusion(s) present with <u>almost total</u> preoccupation OR <u>most areas</u> of functioning are disrupted by delusional thinking. |

12. Bizarre Behavior

Reports of behaviors, which are odd, unusual, or psychotically criminal. Not limited to interview period. Include inappropriate sexual behavior and inappropriate affect. Rate item 12 and 13 on patient's self report and observed behavior.

Initial

- Have you done anything that has attracted the attention of others?
- Have you done anything that could have gotten you into trouble with the police?
- Have you done anything that seemed unusual or disturbing to others?

1 none

2 very mild

Slightly odd or eccentric public behavior, e.g. occasionally giggles to self, fails to make appropriate eye contact, that does not seem to attract the attention of others OR unusual behavior conducted in private, e.g. innocuous rituals, that would not attract the attention of others.

3 mild

Noticeable peculiar public behavior, e.g. inappropriately loud talking, makes inappropriate eye contact, Or private behavior that occasionally, but not always, attracts the attention of others, e.g. hoards food, conducts unusual rituals, wears gloves indoors

4 moderate

Clearly bizarre behavior that attracts or would attract (if done privately) the attention or concern of others, but with no corrective intervention necessary. Behavior occurs occasionally, e.g. fixated staring into space for several minutes, talks back to voices once, inappropriate giggling/laughter on 1-2 occasions, talking loudly to self.

5 moderately severe

Clearly bizarre behavior that attracts or would attract (if done privately) the attention of others or the authorities, e.g. fixated staring in a socially disruptive way, frequently inappropriate giggling/laughter, occasionally responds to voices, or eats non-foods.

6 severe

Bizarre behavior that attracts or would attract (if done privately) the attention of others or the authorities, e.g. fixated staring in a socially disruptive way, frequent inappropriate giggling laughter, occasionally responds to voices, or eats non-foods

7 Extremely severe

Serious crimes committed in a bizarre way that attracts the attention of others and the control of authorities, e.g. sets fires and stares at flames OR almost constant bizarre behavior, e.g. inappropriate giggling/laughter, responds only to hallucination and cannot be engaged in interaction.

13. Self-Neglect

(NA) (NP) (2) (3) (4) (5) (6) (7)

Hygiene, appearance or eating behavior below usual expectations, below socially acceptable standards or life threatening. Rate item 12 and 13 on patient's self report and observed behavior.

Initial

- How has your grooming been lately?
- How often do you change your clothes?
- How often do you take showers?
- Has anyone (parents/staff) complained about your grooming or dress?
- Do you eat regular meals?

1 None

1 Very Mild

Hygiene/appearance slightly below usual community standards, e.g. shirt out of pants, buttons unbuttoned shoelaces untied, but no social or medical consequences.

2 Mild

Hygiene/appearance occasionally below usual community standards, e.g. irregular bathing, clothing is stained, hair uncombed, occasionally skips an important meal. No social or medical consequences.

3 Moderate

Hygiene/appearance is noticeably below usual community standards, e.g. fails to bathe or change clothes, clothing very soiled, hair unkempt, needs prompting, noticeable by others OR irregular eating and drinking with minimal medical concerns and consequences.

4 Moderately Severe

Several areas of hygiene/appearance are below usual community standards OR poor grooming draws criticism by others and requires regular prompting. Eating or hydration are irregular and poor, causing some medical problems.

5 Severe

Many areas of hygiene/ appearance are below usual community standards, does not always bathe or change clothes even if prompted. Poor grooming has caused social ostracism at school/residence/work, or required intervention. Eating erratic and poor may require medical intervention.

7 Extremely severe

Most areas of hygiene/appearance/nutrition are extremely poor and easily noticed as below usual community standards OR hygiene/appearance/nutrition requires urgent and immediate medical intervention.

14. Disorientation

(NA) (NP) (2) (3) (4) (5) (6) (7)

Does not comprehend situations or communications, such as questions asked during the entire BPRS interview. Confusion regarding person, place, or time. Do not rate if incorrect responses are due to delusions.

Initial

- May I ask you some standard questions we ask everybody?
- How old are you?
- What is the date (allow +/- 2 days)?
- What is this place called?
- What year were you born?
- Who is the president?

1 None

2 Very mild

Seems muddled or mildly confused 1-2 times during interview. Oriented to person, place, and, time.

3 Mild

Occasionally muddled or mildly confused 3-4 times during interview. Minor inaccuracies in person, place or time, e.g. date off by more than 2 days, or gives wrong division of hospital.

4 Moderate

Frequently confused during interview. Minor inaccuracies in person, place or time are noted, as in 3 above. In addition, may have difficulty remembering general information, e.g. name of president.

5 Moderately severe

Markedly confused during interview, or to person, place, or time. Significant inaccuracies are noted, e.g. date off by more than one week, or cannot give correct name of hospital. Has difficulty remembering personal information, e.g. where he/she was born, or recognize familiar people.

6 Severe

Disoriented to person, place, or time, e.g. cannot give correct month and year. Disoriented in 2 out of 3 spheres.

7 Extremely severe

Grossly disoriented to person, place, or time, e.g. cannot give name or age. Disoriented in all 3 spheres.

Rate items 15-24 on the basis of observed behavior and speech.

15. Conceptual Disorganization

NA NP 2 3 4 5 6 7

Degree to which speech is confused, disconnected, vague or disorganized. Rate tangentiality, circumstantiality, sudden topic shifts, incoherence, derailment, blocking, neologisms and other speech disorders. Do not rate content of speech.

No probes

1 None

2 Very mild

Peculiar use of words or rambling but speech is comprehensible.

3 Mild

Speech a bit hard to understand or make sense of due to tangentially, circumstantially or sudden topic shifts.

4 Moderate

Speech difficult to understand due to tangentially, circumstantially, idiosyncratic speech, or topic shifts on many occasions OR 1-2 instances of incoherent phrases.

5 Moderately severe

Speech difficult to understand due to circumstantially, tangentially, neologisms, blocking or topic shifts most of the time OR 3-5 instances of incoherent phrases.

6 Severe

Speech is incomprehensible due to severe impairments most of the time. Many PBRS items cannot be rated by self-report alone.

7 Extremely severe

Speech is incomprehensible throughout interview.

16. Blunted Affect

NA NP 2 3 4 5 6 7

Restricted range in emotional expressiveness of face, voice and gestures. Marked indifference or flatness even when discussing distressing topics. In the case of euphoric or dysphoric patients, rate "Blunted Affect" if a flat quality is also clearly present.

Initial (*At end of interview*)

- Have you heard any good jokes lately?

Would you like to hear a joke?

1 None

2 Very mild

Emotional range is slightly subdued or reserved but displays appropriate facial expressions and tone of voice that are within normal limits.

3 Mild

Emotional range overall is diminished, subdued or reserved, without many spontaneous and appropriate emotional responses. Voice tone is slightly monotonous.

4 Moderate

Emotional range is noticeably diminished; patient doesn't show emotion, smile or react to distressing topics except infrequently. Voice tone is monotonous or there is noticeable decrease in spontaneous movements. Displays of emotion or gestures are usually followed by a return to flattened affect.

5 Moderately severe

Emotional range very diminished, patient doesn't show emotion, smile or react to distressing topics except minimally, few gestures, facial expression does not change very often. Voice tone is monotonous most of the time.

6 Severe

Very little emotional range or expression. Mechanical in speech and gestures most of the time. Unchanging facial expression. Voice tone is monotonous most of the time.

7 Extremely severe

Virtually no emotional range or expressiveness, stiff movements. Voice tone is monotonous all of the time.

17. Emotional Withdrawal

NA NP 2 3 4 5 6 7

Deficiency in patient's ability to relate emotionally during interview situation. Use your own feelings as to the presence of an "invisible barrier" between patient and interviewer. Include withdrawal apparently due to psychotic processes.

No probes

1 None

2 Very mild

Lack of emotional involvement shown by occasional failure to make reciprocal comments, occasionally appearing preoccupied, or smiling in a stilted manner, but spontaneously engages the interviewer most of the time.

3 Mild

Lack of emotional involvement shown by noticeable failure to make reciprocal comments, appearing preoccupied, or lacking in warmth, but responds to interviewer when approached.

4 Moderate

Emotional contact not present much of the interview because subject does not elaborate responses, fails to make eye contact, doesn't seem to care if interviewer is listening, or may be preoccupied with psychotic material.

5 Moderately severe

Same as 4 but emotional contact not present most of the interview.

6 Severe

Actively avoids emotional participation. Frequently unresponsive or responds with yes/no answers (not solely due to persecutory delusions). Responds with only minimal affect.

7 Extremely severe

Consistently avoids emotional participation. Unresponsive or responds with yes/no answers (not solely due to persecutory delusions). May leave during interview or just not respond at all.

18. Motor Retardation

NA NP 2 3 4 5 6 7

Reduction in energy level evidenced by slowed movements and speech, reduced body tone, decreased number of spontaneous body movements. Rate on the basis of observed behavior of the patient only. Do not rate on the basis of patient's subjective impression of his own energy level. Rate regardless of medication effects.

No probes

1 None

2 Very Mild

Slightly slowed or reduced movements or speech compared to most people.

3 Mild

Noticeably slowed or reduced movements or speech compared to most people.

4 Moderate

Large reduction or slowness in movements or speech.

5 Moderately severe

Seldom moves or speaks spontaneously OR very mechanical or stiff movements.

6 Severe

Does not move or speak unless prodded or urged.

7 Extremely severe

Frozen, catatonic.

19. Tension

Observable physical and motor manifestations of tension, 'nervousness', and agitation. Self-reported experiences of tension should be rated under the item on "Anxiety." Do not rate if restlessness is solely akathisia, but do rate if akathisia is exacerbated by tension.

No probes

1 None

2 Very mild

More fidgety than most but within normal range. A few transient signs of tension, e.g. picking at fingernails, foot wagging, scratching scalp several times or finger tapping.

3 Mild

Same as 2, but with more frequent or exaggerated signs of tension.

4 Moderate

Many and frequent signs of motor tension with one or more signs sometimes occurring simultaneously, e.g. wagging one's foot while wringing hands together. There are times when no signs of tension are present.

5 Moderately severe

Many and frequent signs of motor tension with one or more signs often occurring simultaneously. There are still rare times when no signs of tension are present.

6 Severe

Same as 5, but signs of tension is continuous.

7 Extremely severe

Multiple motor manifestations of tension are continuously present, e.g. continuous pacing and hand wringing.

20. Uncooperativeness

(NA) (NP) (2) (3) (4) (5) (6) (7)

Resistance and lack of willingness to cooperate with the interview. The uncooperativeness might result from suspiciousness. Rate only uncooperativeness in relation to the interview, not behaviors involving peers and relatives.

No probes

1 None

2 Very mild

Shows non-verbal signs of reluctance, but does not complain or argue.

3 Mild

Gripes or tries to avoid complying but go ahead without argument.

4 Moderate

Verbally resists but eventually complies after questions are rephrased or repeated.

5 Moderately severe

Same as 4, but some information necessary for accurate ratings is withheld.

6 Severe

Refuses to cooperate with interviewer, but remains in interview situation.

7 Extremely severe

Same as 6, with active efforts to escape the interview.

21. Excitement

NA NP 2 3 4 5 6 7

Heightened emotional tone or increased emotional reactivity to interviewer or topics being discussed, as evidenced by increased intensity of facial expressions, voice tone, expressive gestures or increase in speech quantity and speed.

No probes

1 None

2 Very mild

Subtle and fleeting or questionable increase in emotional intensity. For example, at times seems keyed-up or overly alert.

3 Mild

Subtle but persistent increase in emotional intensity. For example, lively use of gestures and variation in voice tone.

4 Moderate

Definite but occasional increase in emotional intensity. For example, reacts to interviewer or topics that are discussed with noticeable emotional intensity. Some pressured speech.

5 Moderately severe

Definite and persistent increase in emotional intensity. For example, reacts to many stimuli, whether relevant or not, with considerable emotional intensity. Frequent pressured speech.

6 Severe

Marked and persistent increase in emotional intensity. For example, reacts to most stimuli with inappropriate emotional intensity. Has difficulty settling down or staying on task. Often restless, impulsive, or speech is often pressured.

7 Extremely severe

Marked and persistent increase in emotional intensity. Reacts to all stimuli with inappropriate intensity, impulsiveness. Cannot settle down or stay on task. Very restless and impulsive most of the time. Consistent pressured speech.

22. Distractibility

(NA) (NP) (2) (3) (4) (5) (6) (7)

Degree to which observed sequences of speech and actions are interrupted by stimuli unrelated to the interview. Distractibility is rated when the patient shows a change in the focus of attention as characterized by a pause in speech or a marked shift in gaze. Patient's attention may be drawn to noise in adjoining room, books on a shelf, interviewer's clothing, etc. Do not rate circumstantiality, tangentiality or flight of ideas. Also, do not rate rumination with delusional material. Rate even if the distracting stimulus cannot be identified.

No probes

1 None

2 Very mild

Generally can focus on interviewer's questions with only 1 distraction or inappropriate shift of attention of brief duration.

3 Mild

Patient shifts focus of attention to matters unrelated to the interviewer 2-3 times.

4 Moderate

An often response to irrelevant stimuli in the room, e.g. averts gaze from the interviewer.

5 Moderately severe

Same as above, but now distractibility clearly interferes with the flow of the interviewer.

6 Severe

Extremely difficult to conduct interview or pursue a topic due to preoccupation with irrelevant stimuli.

7 Extremely severe

Impossible to conduct interview due to preoccupation with irrelevant stimuli.

23. Motor Hyperactivity

(NA) (NP) (2) (3) (4) (5) (6) (7)

Increase in energy level evidenced in more frequent movement and/or rapid speech.
Do not rate if restlessness is due to akathisia.

No probes

- 1 **none**
- 2 **very mild**
Some restlessness, difficulty sitting still, lively facial expressions or somewhat talkative
- 3 **mild**
Occasionally very restless, definite increase in motor activity, lively gestures, 1-3 brief instance of pressured speech.
- 4 **moderate**
Very restless, fidgety, excessive facial expressions or non-productive and repetitious motor movements. Much pressured speech, up to one-third of the interview.
- 5 **moderately severe**
Frequently restless, fidgety. Many instances of excessive non-productive and repetitious motor movements. On the move most of the time. Frequent pressured speech, difficult to interrupt. Rises on 1-2 occasions to pace.
- 6 **severe**
Excessive motor activity, restlessness, fidgety, loud tapping, noisy, etc. throughout most of the interview. Speech can only be interrupted with much effort. Rises on 3-4 occasions to pace.
- 7 **extremely severe**
Constant excessive motor activity throughout entire interview, e.g. constant pacing, constant pressured speech with no pauses, interviewee can only be interrupted briefly and only small amounts of relevant information can be obtained.

24. Mannerisms and Posturing

(NA) (NP) (2) (3) (4) (5) (6) (7)

Unusual and bizarre behavior, stylized movements or acts, or any postures which are clearly uncomfortable or inappropriate. Exclude *obvious* manifestations of medication side effects. Do not include nervous mannerisms that are odd or unusual.

No probes

1 None

2 Very mild

Eccentric or odd mannerisms or activity those ordinary persons would have difficulty explaining, e.g. grimacing, and picking. Observed once for a brief period.

3 Mild

Same as 2, but occurring on two occasions of brief duration.

4 Moderate

Mannerisms or posturing, e.g. stylized movements or acts, rocking, nodding, rubbing, or grimacing, observed on several occasions for brief periods or infrequently but very odd. For example, uncomfortable posture maintained for 5 seconds more than twice.

5 Moderately severe

Same as 4, but occurring often, or several examples of very odd mannerisms or posturing that is idiosyncratic to the patient.

6 Severe

Frequent stereotyped behavior, assumes and maintains uncomfortable or inappropriate postures, intense rocking, smearing, strange rituals or fetal posturing. Subject can interact with people and the environment for brief periods despite these behaviors.

7 Extremely severe

Same as 6, but subject cannot interact with people or the environment due to these behaviors.